

No. 56-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Margaret (Halley) O'DonnellAge 94 years 11 months 20 daysPlace of death Southville Rd., SouthboroDate of death Jan 9, 1956Cause of death AtherosclerosisInterment at St. Luke's Cem., WestboroDate permit issued Jan 11, 1956Certified by Walter Mahoney M. D.

No. 56-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Margaret O'DonnellIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Luke's Cemetery - Westboro  
(Name of cemetery or crematory) (City or town)on March 2, 1956Certified by Raymond S. Burke  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56.2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Eastman Funeral Serv. Inc.Name of deceased Addie WilburAge 90 years - months 28 daysPlace of death Main St., SouthboroDate of death 2/16/56Cause of death Cerebral ThrombosisInterment at Mt. Auburn, Cambridge.Date permit issued 2/18/56Certified by I. Stone M. D.



No. 56-2

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health (Office issuing permit) P.O. Box 97

City or Town of SOUTH BORO Mass.

Name of deceased Rddie V. Wilbur

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mt. Auburn Cemetery, Cambridge (Name of cemetery or crematory) (City or town)

on February 20, 1956.

Certified by 24 C Philpott  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56.3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Nancy Maria StefanoAge 84 years 10 months 5 daysPlace of death Central St., Jayville.Date of death 3/18/56Cause of death ?Cancer, stomach.Interment at Rural - SouthboroDate permit issued 3/19/56Certified by J. D. Stone, M. D.

No. 56-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Nancy Maria StefanoIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat Rural Southboro  
(Name of cemetery or crematory) (City or town)on Entombed 2/21/56Certified by J. M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 56-45**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to James E. Fay 9 Hammond St  
Worcester.Name of deceased Mary BeliveauAge 80 years 2 months 25 daysPlace of death Central St., Fayerville.Date of death May 12, 1956Cause of death Cerebral Hemorrhage.Interment at Notre Dame - Worcester.Date permit issued May 14, 1956Certified by Walter F. Mahoney - med. Exam. M. D.

No. 56-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

*Agent, Board of Health*  
 to *Town Clerk*  
 (Office issuing permit)  
*P.O. Box #44*

City or Town of *Southboro* *Mass.*Name of deceased *Mary Belliveau*If a U. S. War Veteran, specify what war, organization, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at *Notre Dame Worcester*  
 (Name of cemetery or crematory) (City or town)

on *May 15-1956*

Certified by *J. A. L. Paradis*  
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 56-#4

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W. M. Offutt - Cem'y Supt.Name of deceased John GethartAge 62 years - months - daysPlace of death Hartford VTDate of death 5/1/56Cause of death not given - Vt. Burial Transit permit.Interment at Rural-SouthboroDate permit issued 5/3/56Certified by ~~W. M. Offutt~~ X M. D.

No. **56-4****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**  
(Office issuing permit)City or Town of **Southboro** Mass.Name of deceased **John Gebhart**If a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat **Rural Cem. Southboro**  
(Name of cemetery or crematory) (City or town)on **May 4, 1956**Certified by **[Signature]**  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William M. TigheName of deceased Massie L. TrioliAge 59 years 7 months 8 daysPlace of death Turnpike, SouthboroDate of death May 29, '56Cause of death Fractured SkullInterment at Rural, SouthboroDate permit issued May 30, '56Certified by Walter F. Mahoney <sup>Med</sup> Examiner M. D.



No. 56-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Box 97, Southboro Mass.Name of deceased Massie L. TrioliIf a U. S. War Veteran, specify what war, organization, etc.  
  
—  
  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat Woodlawn Cemetery, Southboro  
(Name of cemetery or crematory) (City or town)on June 1, 1956Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to W.M. Offutt. Cem'y Supt., SouthboroName of deceased Edward Day Heath  
bro of Ann (Heath) (Mrs. Ralph) CramAge 45 years - months - daysPlace of death Bay Pines, FloridaDate of death 5/29/56Cause of death not specified (Fla. Burial-Transit  
permit)Interment at Bural - SouthboroDate permit issued 5/27/56Certified by X permit  
# 1460  
Pinellas County M. D.

No. 56-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward Day Heath

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat Rural Crem. Southboro  
(Name of cemetery or crematory) (City or town)on May 28, 1956Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 56-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D.C. MorrisName of deceased Pasquale MammoAge 86 years 8 months 22 daysPlace of death Trumpike, Fayetteville.Date of death 6/19/56Cause of death Cerebral ThrombosisInterment at RuralDate permit issued 6/20/56Certified by J. L. Stone M. D.

No. 56-8

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of Box 97, Southboro Mass.

Name of deceased Pasquale Mauro

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro, Mass.  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on June 21, 1956

Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to T. F. Callanan + Son  
HopkintonName of deceased Thomas F. FitzgeraldAge 55 years 11 months 23 daysPlace of death Woodland Rd., SouthboroDate of death June 25, 1956Cause of death Internal injuries of Chest + AbdomenInterment at Rural - SouthboroDate permit issued June 26, 1956Certified by Walter Mahoney Blue Slip. M. D.



No. 56-9

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Thomas F. Fitzgerald

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on June 28, 1956

Certified by J. M. C. [Signature]  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John W. SullivanName of deceased Mary E. BurkeAge 73 years 10 months 24 daysPlace of death Southville Rd., SouthvilleDate of death 7 / 24 / 56Cause of death Sudden Death: presumably  
coronary sclerosisInterment at St. Joseph - Lynn.Date permit issued 7 / 26 / 56Certified by Walter Mahoney M. D.

No. 56-10**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to ~~John W. Sullivan~~ Agent, Board  
(Office issuing permit) of HealthCity or Town of P.O. Box 97, Southboro Mass.Name of deceased Mary E. BurkeIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat St Joseph Lynn  
(Name of cemetery or crematory) (City or town)on July 27, 1956Certified by Raymond C. Martus  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 56-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Wm M. TigheName of deceased Catherine FirminAge 82 years 8 months 8 daysPlace of death Main St., S. TaborDate of death Oct 18, 1956Cause of death Chronic NephritisInterment at Rural - S. TaborDate permit issued 10/18/56Certified by Dr. J. D. Kable M. D.

No. 56-11

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Catherine Firmin

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cem. Southboro, Mass.  
at.....  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Oct. 20, 1956

Certified by Wm. H. Stevens  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

Harold Stivers

If there is no officer in charge, undertaker should sign and return this stub.

No. 56-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Gemma SoraAge 69 years 2 months 15 daysPlace of death Southville Rd., Cordaville.Date of death 11/14/56Cause of death Sudden Death, presumably  
coronary thrombosisInterment at Rural - SouthboroDate permit issued 11/16/56Certified by Walter Mahoney blue  
certificate.

M. D.

No. **56-12**.....

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Gemma Sora

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery, Southboro  
at.....  
(Name of cemetery or crematory) (City or town)

on November 17, 1956

Certified by Wanda Stivers  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 56-13**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to C C Shepherd - WeymouthName of deceased Oscar SandersAge 74 years 9 months 16 daysPlace of death Jay SchoolDate of death 11/30/56Cause of death Sudden Death Presumably  
Coronary ThrombosisInterment at Pine Hill Cem. - W. BridgewaterDate permit issued 11/30/56Certified by W. Mahoney (Blue Certificate) M. D.

No. 56-13

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Oscar Saunders

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Hill West Bridgeport  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Dec. 2, 1956

on June 1, 1968  
 Certified by G. I. Golder  
 (Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John A. KennedyHudsonName of deceased Homer W. BlanchardAge 72 years 7 months 8 daysPlace of death Woodland Rd, FayvilleDate of death 2/2/57Cause of death Cancer of Prostate.Interment at Main St Cemiy - HudsonDate permit issued 2/3/57Certified by J. Stone. M. D.

No. 57-1

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Homer W. Blanchard.

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Main St Cemetery Hudson Mass  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on Feb 4, 1956

Certified by Henry Hubert Suft  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 57-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased John AdamsonAge 61 years 9 months 20 daysPlace of death White Bayley Rd., SouthboroDate of death Feb 7, 1957Cause of death Valvular Heart Disease - ? rheumaticInterment at Rural - SouthboroDate permit issued 2/8/57Certified by J. B. Stone M. D.

No. 57-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John Adamson

If a U. S. War Veteran, specify what war, organization, etc.

WWI - Cpl - Provisional Supply Train.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.

(Name of cemetery or crematory)

(City or town)

on February 9, 1957

Certified by

Harold A. Stiers

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57.3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to DC MorrisName of deceased Alison Carter SawlerAge 2 years 3 months 26 daysPlace of death Southville - R.R. TrackDate of death 3/7/57Cause of death Track. Skull - struck by train.Interment at Rural - SouthboroDate permit issued 3/8/57Certified by Walter Mahoney <sup>medical</sup> Examiner. M. D.

No. 57-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Alison C. SawlerIf a U. S. War Veteran, specify what war, organization, etc.  
  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory) (City or town)on March 9, 1957Certified by Harold A. Stine  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Erving W. HarperName of deceased John W. DunlopAge 83 years 11 months 15 daysPlace of death High Sr.Date of death 4/7/57Cause of death CVAInterment at Mr. Auburn - Cambridge.Date permit issued 4/8/57Certified by Marilyn Meserve. M. D.



No. 57-4

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased John W. Dunlop

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mount Auburn Crematory  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on April 10, 1957

Certified by H. C. Philpott  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. Rowe - Naulboro.Name of deceased Delia LedouxAge 80 years 4 months 13 daysPlace of death Main St., SouthboroDate of death 6/25/57Cause of death Arteriosclerotic Heart DiseaseInterment at St. Mary's - Marl.Date permit issued 6/25/57Certified by J. P. Stone, M. D.

No. 57-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John A. CunninghamName of deceased John R. FoleyAge 72 years 2 months 11 daysPlace of death Southboro Town Hall.Date of death 21 Sept '57Cause of death Acute Coronary Occlusion.Interment at Sr. Stephens - Fram.Date permit issued 9-23-57Certified by Greenleaf <sup>med</sup> Exam M. D.

No. 87-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased John Richard FoleyIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat St Stephens Cemetery  
(Name of cemetery or crematory) (City or town)on Sept 21, 1957Certified by J J Fonalovec  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-7

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Buisson + Morin

Name of deceased Emilia Brodem Morin

Age 81 years 1 months 10 days

Place of death Parkville Rd, Southboro

Date of death Oct 5, 1957

Cause of death Arteriosclerotic Heart Disease

Interment at Rural - Southboro

Date permit issued 10/5/57

Certified by A. E. Le Marche.

M. D.



No. 57-7

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit) P.O. Box 97

City or Town of Southington ..... Mass.

Name of deceased Emilia Brodeur Morin

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory) (City or town)

Oct. 7, 1957

on .....

Certified by Harold A. Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D.C. MorrisName of deceased George GulbankianAge 69 years 3 months 2 daysPlace of death Cordville Rd., SouthboroDate of death 10/9/57Cause of death Coronary Thromb.Interment at Rural - SouthboroDate permit issued 10/12/57Certified by Walter Mahoney (medical examiner) M. D.

No. 57-8

# BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

10. Agent, Board of Health  
(Office issuing permit)  
P.O. Box # 97

(Office issuing permit)

(Office issuing permit)  
P.O. Box # 97

City or Town of Southboro Mass.

Name of deceased George Gulbankian

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.

(Name of cemetery or crematory)

(City or town)

on October 12, 1957

**Certified by**

Harold C. Stevens

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to C. Ronald MerriamName of deceased Thomas ArmstrongAge 87 years 7 months 3 daysPlace of death E Main St., SouthboroDate of death Nov 7, 1957Cause of death Cerebral ThrombosisInterment at Rural - SouthboroDate permit issued Nov 8, 1957Certified by J. H. Stone M. D.

No. 57-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased Thomas ArmstrongIf a U. S. War Veteran, specify what war, organization, etc.  
  

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**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory) (City or town)on November 10, 1957Certified by Harold A. Stevens  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 57-10

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Perazzo Funeral Church

42nd St  
NYC.

to

Issued to

Donald C. Morris

Name of deceased

Mary Giannia

née  
Pessini

Age

91

years

7

months

13

days

Place of death

General Sr., Fayetteville

Date of death

11/8/57

Cause of death

Atherosclerotic Heart Dis.

Interment at

Calvary Cemetery

NYC  
NY

Date permit issued

11/8/57

Certified by

M. Meserve.

M. D.

No. 57-10

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agents, Board of Health  
(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Mary Giannia

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Culinary Cemetery Queens L.I.  
(Name of cemetery or crematory) (City or town)

on Nov 11, 1953 N.Y.

Certified by John B. Piragoff Funeral Director N.Y.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to DC MorrisName of deceased John Gardner AldenAge 0 years 1 months 22 daysPlace of death Central St., Falmouth.Date of death 11/15/57Cause of death Asphyxiation.Interment at RuralDate permit issued 11/15/57Certified by Walter F. Mahoney (Med Exam.) M. D.

No. **57-11****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**  
(Office issuing permit)City or Town of **PO Box 97, Southboro** Mass.Name of deceased **John Gardner Eden**If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat **Rural Cemetery Southboro, Mass.**  
(Name of cemetery or crematory) (City or town)on **November 15, 1957**Certified by **Karabell A. Stevens**  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 58-1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to DC MorrisName of deceased Evaresto J. CarloniAge 67 years 7 months 24 daysPlace of death Newton St., SouthboroDate of death 1-23-58Cause of death Sudden Death, Presumably  
Coronary ThrombosisInterment at Rural Cem'y - SouthboroDate permit issued 1-26-58Certified by Walter Mahoney <sup>med</sup> Exam. M. D.



No. 58-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Evans J. CarloniIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery, Southboro, Mass.

at (Name of cemetery or crematory) (City or town)

January 27, 1958

on

Certified by Harold A. Stuenkel  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 58-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased Grace Jay BarkerAge 67 years 6 months 6 daysPlace of death E Main St., SouthboroDate of death 3-6-58Cause of death Sudden Death, Presumably Coronary  
Thrombosis.Interment at Rural - S.boroDate permit issued 3-7-58Certified by Walter Mahoney <sup>Med.</sup> <sup>Exam'n</sup> M. D.

No. 58-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro . Mass.Name of deceased Grace Fay BarkerIf a U. S. War Veteran, specify what war, organization, etc.  
  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat Rural Cemetery Southboro, Mass  
(Name of cemetery or crematory) (City or town)on March 8, 1958Certified by Harold Stivers  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. *58-3**year*  
*# this year***BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit**undertaken*  
Issued to *DONALD C MORRIS*Name of deceased *ADA J BERRY*Age *81* years *6* months *21* daysPlace of death *SOUTH BOROUGHS*Date of death *MARCH 30, 1958*Cause of death *ARTERIOSCLEROTIC  
HEART DISEASE*Interment at *WYOMING CEMETERY  
MELROSE MASS.*Date permit issued *MARCH 31, 1958*Certified by *MARILYN MOSERVE**signature of  
certifier*  
M. D.

No. ....

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*

to

*Board of Health*

(Office issuing permit)

City or Town of

*Southborough*

Mass.

Name of deceased

*Ada T. Berry*

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its terms

at

*Weymouth Cemetery*

(Name of cemetery or crematory)

(City or town)

on

*4-1-58*

Certified by

*H. O. Milton, Jr.*

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 59-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to

Hyper

Name of deceased

Bontilien, Edith E.

Age

74

years

8

months

5

days

Place of death

Southville Rd., Southville.

Date of death

1 / 17 / 59

Cause of death

Sudden Death, presumedcremation

Interment at

Worcester (Rural Cem.)  
Coronary

Date permit issued

1 / 19 / 59

Certified by

J. P. Stone

M. D.

No. 59-1

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of Box 97 Southboro Mass.

Name of deceased Edith E. Boutilier

**If a U. S. War Veteran, specify what war, organization, etc.**

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on January 21, 1959

Certified by Guest Hansen  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

E.

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard ColdwellName of deceased Ennice EllsworthAge 68 years 10 months 19 daysPlace of death Valley RdDate of death 2/3/59Cause of death BronchopneumoniaCremation  
Interment at Rural - WorcesterDate permit issued 2/5/59Certified by J.B. Stone M. D.

No. 59-2

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro. Mass.

Name of deceased Eunice J. Ellsworth

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS

(Name of cemetery or crematory)

(City or town)

on February 7, 1959

**Certified by**

(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

10.7.8.

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-3

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Henry J. Burke  
Wellesley

Name of deceased Thomas J. Kilmain

Age 62 years 8 months 18 days

Place of death Cordaville Rd

Date of death 3 / 7 / 59

Cause of death Sudden Death, presumably  
Coronary Thrombosis

Interment at St Mary's - Needham

Date permit issued 3 / 9 / 59

Certified by Mahoney as med  
Examiner. M. D.

No. 59-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97 Southboro Mass.Name of deceased Thomas J. Kilmain

If a U. S. War Veteran, specify what war, organization, etc.

WWI, U.S. Navy #102-51-43**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Marys Cemetery Needham  
(Name of cemetery or crematory) (City or town)on March 10-1969Certified by W. C. Baroody, Asst Supt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 59-4**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D.C. MorrisName of deceased Antonio L. J. PessiniAge 89 years 11 months 15 daysPlace of death Central St. - at home.Date of death 4 / 25 / 59Cause of death Cerebral Thrombosis -Interment at Rural - S.boro.Date permit issued 4 / 26 / 59Certified by J. P. Stone. M. D.

No. **59-4**

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

City or Town of Box 97, Sandwich Mass.

Name of deceased Antonio L. J. Pessini

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass.  
at.....  
(Name of cemetery or crematory) (City or town)

on ..... April 28 1959

Certified by Karal Stivers  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-5**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Rob't WadsworthName of deceased Vernon Elisha ParmenterAge 69 years 9 months 8 daysPlace of death John St., Fayville.Date of death 5/11/59Cause of death Coronary Heart Disease.Interment at Newton CrematoryDate permit issued 5/13/59Certified by Hugh Folsom M. D.

No. 59-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of PO Box 97, Southboro Mass.Name of deceased Vernon E. ParmenterIf a U. S. War Veteran, specify what war, organization, etc.  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at NEWTON CEMETERY & CREMATORY  
(Name of cemetery or crematory) (City or town)on May 14 - 1959Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Rowe - MarlboroName of deceased Eugene S. Howe.Age 65 years 2 months 7 daysPlace of death home: Marlboro Rd.Date of death 26 May 59Cause of death Sudden Death, presumably Coronary  
ThrombosisInterment at Graceland Cem - Albany NYDate permit issued 5/27/59Certified by W. Mahoney - med exam M. D.

8713

No. 59-6

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)  
P.O. Box 97City or Town of Southboro Mass.Name of deceased Eugene S. Howe

If a U. S. War Veteran, specify what war, organization, etc.

WW I ; 33rd Inf ; 2nd Lt.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Graceland Cemetery Albany, N.Y.  
(Name of cemetery or crematory) (City or town)on May 29, 1959 (Lot # 143 Sect F grave 8)Certified by W. Gordon Morris Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 59-7**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased John A. DeBusAge 61 years 9 months 12 daysPlace of death Turnpike, Sayville Shamrock  
Morel.Date of death July 8, 1959Cause of death Coronary ThrombosisInterment at Long Island National Cem.  
Pineblawn, L.I., N.Y.Date permit issued July 8, 1959Certified by J. D. Stone M. D.

No. 59-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97, Southboro Mass.Name of deceased John A. DeBus

If a U. S. War Veteran, specify what war, organization, etc.

WW I**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at LONG ISLAND NATIONAL CEMETERY  
FARMINGDALE, NEW YORK (City or town)on Jul 13 1953Certified by JOSEPH J. WALSH, Sr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 69-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to T.F. Callanan + SonName of deceased Anna T. HarringtonAge 85 years 3 months 6 daysPlace of death Southville Rd, SouthvilleDate of death 8/25/59Cause of death Sudden Death, Presumably  
Coronary SclerosisInterment at Rural - SouthboroDate permit issued 8/27/59Certified by Walton Mahoney <sup>Med Exam.</sup> M. D.

No. **59-8****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Bd of Health**  
(Office issuing permit)City or Town of **Box 97, Southboro** Mass.Name of deceased **Anna T. Harrington**If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat **Rural Cemetery Southboro Mass**  
(Name of cemetery or crematory) (City or town)on **Aug 27 1959**Certified by **Karahl Stevas**  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to J.S. Waterman + Sons Inc.Name of deceased Ralph J. WatsonAge 59 years 11 months 1 daysPlace of death Rte 9 @ Rte 85 underpass.Date of death 9-23-59Cause of death Fractured Skull.Interment at Fox Hill Cem, Boston.Date permit issued 9-24-59Certified by Walter Mahoney <sup>Med</sup> Exam Exam M. D.

No. 59-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd of Health  
(Office issuing permit)City or Town of Box 97, Southboro Mass.Name of deceased Ralph G. Watson

If a U. S. War Veteran, specify what war, organization, etc.

WW I - US Army - Pfc - #768495**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsForest Hills Cemeteryat \_\_\_\_\_  
(Name of cemetery or crematory) (City or town)on Sept. 26, 1919Certified by Forest G. Langranes  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



No. 59-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to D C MorrisName of deceased Ruth (Brown) CowardinAge 66 years 2 months 22 daysPlace of death E Main St, SoudersDate of death 9/27/59Cause of death Carcinoma, ovaryInterment at Rural, SoudersDate permit issued 9/28/59Certified by J. P. Stone M. D.

No. 59-10

## BURIAL (OR REMOVAL) PERMIT

*This Coupon to be returned immediately, properly endorsed*

to Agent, Board of Health  
(Office issuing permit)

(Office issuing permit)

City or Town of P.O. Box 97, Southboro Mass.

Name of deceased Ruth (Brown) Cowardin

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboro Mass  
at.....  
(Name of cemetery or crematory) (City or town)

(Name of cemetery or crematory)

(City or town)

on ..... Sept 29 1959

Certified by Harold J. West  
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Richard ColdwellName of deceased Clarence Willard WentworthAge 77 years 1 months 23 daysPlace of death Main St., S.boroDate of death 11 / 11 / 59Cause of death Sudden Death, presumably  
Coronary SclerosisInterment at Mt Auburn - CambridgeDate permit issued 11 / 12 / 59Certified by Walter Mahoney as med  
Examiner. M. D.

No. **59-11****BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to **Agent, Board of Health**  
(Office issuing permit)City or Town of **P.O. Box 97, Southboro** Mass.Name of deceased **Clarence W. Wentworth**If a U. S. War Veteran, specify what war, organization, etc.  
  
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was disposed  
of in accordance with its termsat **Mount Auburn Crematory** **Watertown**  
(Name of cemetery or crematory) (City or town)on **Nov. 13, 1959**Certified by **Herbert C. Philcott**  
(Signature of Superintendent, cemetery or crematory) *a*

If there is no officer in charge, undertaker should sign and return this stub.



No. 59-12**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of deceased John Robert McCarthyAge 66 years 7 months 29 daysPlace of death Middle Rd.Date of death 12-22-59Cause of death Carcinoma, Prostate.Interment at O'hara's Corners, Freehold, N.Y.Date permit issued 12-25-59Certified by J.B. Stone, M. D.